SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY 7 Page 1 of 1
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse	A. Signature  X G M G G G Addressee
so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery  C. Date of Delivery  C. Date of Delivery  C. Date of Delivery
Article Addressed to:	If YES, enter delivery address below:
George D. McCarley 216B Chestnut Street	3:04CV 9/ #114+115 Rec + dide
Roanoke, AL 36274	3. Service Type
*	☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7007 1490 0000	0024 8547
PS Form 3811, February 2004 Domestic Ret	urn Receipt 102595-02-M-1540